FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	9	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine	2,074,902	0.4
Homeowners		
Commercial Multi-Peril		سيعسان والواقات القريب والساق المنظول والمهاج والمهاج المنظم والمنطوع والمنط والمنطوع والمنط والمنطوع والمنطوع والمنطوع والمنطوع والمنط والمنطوع وا
Crop Hail		
Other		
Life of Insurance		
Ene of modranice		
Does filing only apply to ce	rtain territory (territories) o	r certain
Classes? If so,		
specify: NA		
Brief description of filing. (If filing follows rates of an	advisory
Organization, specify		
organization):		g our Commercial Property Los
Cost Multiplier, we are revising	our IM Loss Cost Multiplier to 1	.616
*Adjusted to reflect all prior		
**Change in Company's pr	emium level which will res	ult from application of new
rates.	4.001.11000.4	
		al Insurance Company
		ame of Company
	Diane Udovich - I	Regulatory Filing Technician

Official - Title

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Priva	ite	
Passenger		
Commercial		
Automobile Physical Dam	nag	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		The state of the s
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine	\$155,037	+35.0%
Homeowners		
Commercial Multi-Peril		***************************************
Crop Hail		
Other		
Life of Insurance		
	certain territory (territories) or	certain
Classes? If so,	Α.	
specify: N/	A	
Brief description of filing.	(If filing follows rates of an a	ndvisorv
Organization, specify	. 3	•
organization):	Rate revision for Pet Insu	rance Program
*Adjusted to reflect all pri		
	premium level which will resu	it from application of n
rates.		
		ive Insurance Corporation
		me of Company
		, Manager, State Filings
		Official – Title

American Alternative Insurance Corporation

The purpose of this filing is to implement a base rate increase for the pet insurance program, as well as to make several changes to new and existing products, as outlined below.

- A +35.0% base rate change has been selected based on a rate indication of +35.9%, illustrated in the Countrywide Pet Health Insurance Indication.
- New coinsurance and deductible options will be introduced for several existing products:

Core Policy Forms: Basic, Preferred, Preferred Plus

(currently we offer only \$50 deductible and 10% coinsurance)

Deductibles

Coinsurance

\$50, \$100, \$250, \$500

10%, 20%, 30%

Limited Forms: FirstCoverage, AccidentFirst

(currently we offer only \$50 deductible and 0% coinsurance)

Deductibles Coinsurance \$50, \$100, \$250, \$500 0%, 10%, 20%, 30%

Limited Forms: Paws \$2K Annual Max

(currently we offer only \$50 deductible and 10% coinsurance)

Deductibles Coinsurance \$50, \$100, \$250, \$500

10%, 20%, 30%

Endorsements: Routine Care

(currently we offer only 10% coinsurance)

Coinsurance

0%, 10%, 20%, 30%

There is no impact as a result of introducing these coinsurance and deductibles, as there are currently no insureds with these options.

- Revised exclusions and limitations will be implemented which are projected to eliminate
 approximately 5% of losses based on historical data. The effect of losses eliminated has been
 reflected in the +35.9% rate indication, which can be seen in column 10 of the Countrywide Pet
 Health Insurance Indication.
- Uniform deductible and coinsurance rate relativities will be introduced across all products within
 each product type (core policy forms, limited forms, routine care endorsements) as illustrated in
 the exhibit "Deductible and Coinsurance Relativities."
- Two new programs will be introduced (using the existing First Coverage Plan Policy PH 2007.)

Pet Resort program to be offered for \$7.00. This program will provide coverage for pets staying temporarily at kennel/boarding facilities. The average expected stay is 4 days.

30-Day program to be offered for \$7.50. This program may be purchased by insureds who adopt pets through the Humane Society or the SPCA and will provide coverage for the first 30 days from pet adoption. If the insured wants to continue coverage past the initial 30 days, they will be moved to the standard First Coverage Plan policy at regular First Coverage Policy Plan rates.

- The existing routine care endorsements (Routine \$100 and Routine \$220) will increase their benefit allowances to \$125 and \$250, respectively, and thus be renamed "Routine \$125" and "Routine \$250." In addition, a third routine care endorsement, "Routine \$400," will be introduced, with a benefit allowance of \$400.
- A Kroger Loyalty discount will be introduced, offering a premium discount of 5% to Kroger grocery store customers, who purchase coverage through the store. The discount is based on the cost of savings from shared marketing and decreased business acquisition costs.
- Employee/Member group discounts applied to the core policy rates will be revised from 10% to 5% for smaller employers (50-1000 employees/members). The discount for large employers (greater than 1000 employees/members) will remain at 10%.
- A change by endorsement concept will be introduced to allow mid-term coverage changes, rider
 attachments/revisions, etc. without a re-write of the policy. A corresponding change fee of \$5 per
 revision will be introduced in order to cover administrative costs each time the policy is amended
 mid-term. This will be handled via a new supplemental declarations page that will reflect mid-term
 policy period changes.
- A late fee charge of \$10 will be introduced for delinquent accounts.

FORM (RF-3)

SUMMARY SHEET

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	<u></u>	**************************************
_	Commercial		
3.	Liability Other Than Auto		
4 .	Burglary and Theft		
5.	Glass		
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$1,042,537	- 22.0%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	······································	
15.	Other		
	Life of Insurance		
•	Does filing only apply to certai Classes? If so, specify:	n territory (territories) or	certain
	Brief description of filing. (If fil Organization, specify	v	•
	organization):		member of ISO, is filing to adopt ISO's
	Commercial Inland Marine loss cost revision	n as contained in ISO Reference F	iling Number CM-2010-RLA1.
	*Adjusted to reflect all prior rate	e changes	
	**Change in Company's premi	um level which will result	t from application of new
	RECEIVE	Arch Insurance Com	npany
	KEUE	Nan	ne of Company
		Carol Kennedy- VP,	Compliance Operations
	JUL 0.1 2010		Official – Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)

Change in Company's premium or ra	ate level produced by rate revision
effective 08/01/2010	

	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or.) **
	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
	•		
	Passenger Commercial		
	Automobile Physical Damag		•
	Private Passenger		***************************************
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity	**************************************	
	Surety		
	Boiler and Machinery		
	Fire		
١.	Extended Coverage		
	Inland Marine	\$1,170,425	_+0.1%
	Homeowners		
i.	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Life of Insurance		
	Does filing only apply to certa Classes? If so,	in territory (territories) o	r certain
	•	ng does not solely apply to co	ertain territories or classes.
	Brief description of filing. (If for Organization, specify	iling follows rates of an a	advisory
	organization):	Rate and rule revision	1.
	*Adjusted to reflect all prior ra	te changes	
	**Change in Company's premates.		ult from application of new
	rates.	Auto-Own	ers Insurance Company
			ime of Company
			Administrator CP&L Actuarial
			Official – Title

FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial	**************************************	
Automobile Physical Damag	· · · · · · · · · · · · · · · · · · ·	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine	28,494	-25.24%
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa	in territory (territories) o	or certain
Classes? If so,		
specify: N/A		
Brief description of filing. (If f	iling follows rates of an	advison.
Organization, specify	illing tollows rates of arr	advisory
organization):	We wish to adopt ISO a	dvisory loss costs to compliment
Bancinsure's Commercial Inland Marine prog		
The estimated impact of this adoption resu		
*Adjusted to reflect all prior ra		
**Change in Company's prem		sult from application of nev
rates.		
	Bancinsure, Inc.	
		ame of Company
	Marlene Patterson	
		Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level	produced by rate revision effective	11/01/10
	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft		
5. 6. 7. 8. 9.	Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage		
11, 12. 13. 14. 15.	Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance	\$990,102	1.10%
Brie Thi	es filing only apply to certain territory (territory) of description of filing. (If filing follows rates filing includes minor editorial changes to counts Receivable and Valuable Papers.	es of an advisory organization, specify	organization):
	djusted to reflect all prior rate changes. hange in Company's premium level which	n will result from application of new rate	os.
		Ross Fonticella, ACAS MAAA Vice President and Manager	

Official - Title

ctiv	ve		9/1/10
	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	<u>Change (+ or -)**</u>
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage	4.50	
	Inland Marine	368,388	+32.9%
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
•	**************************************		
	Line of Insurance		
		ry (territories) or certain classes? I	f so, specify:
	Health Territories		
	description of filing. (If filing fo ised rates for our Pet Healthcare I	llows rates of an advisory organizat Program	tion, specify organization):
C	Adjusted to reflect all prior rate che Change in Company's premium lesesult from application of new rate	vel which will	
			Markel Insurance Company
			Name of Company
			Deidre I. Balbuena,
			Deidre I. Balbuena, VP Product & Regulatory Services Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	level produced by rate revision effective (2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	40.000	-22.0%
11. Inland Marine	40,260	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	•
		–
	s rates of an advisory organization, specify o	rganization): <u>Following</u>
ISO loss costs		
*Adjusted to reflect all prior rate change	ae.	
**Change in Company's premium level	as. which will result from application of new rates	3
Change in Company's premium level		inte Insurance Company
		·····

Name of Company

Virginia Putzu – Rate/Form Implementation Team Lead
Official – Title

FORM (RF-3)

Change in Company's premium or ra	ite level produced by rate revision
effective 08/01/2010	

(1)	(2)	(3)
` ,	Annual Premium	Percent
Coverage	 Volume (Illinois) * 	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto	**************************************	
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	**************************************	
Fire		
Extended Coverage		
Inland Marine	\$2,440,134	+0.1%
Homeowners	Ψ2,110,101	
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance	 	
0		
Does filing only apply to certain	ain territory (territories)) or certain
Classes? If so,		
specify: This fil	ing does not solely apply to	o certain territories or classes.
	W	
Brief description of filing. (If	filing follows rates of a	n advisory
Organization, specify		
organization):	Rate and rule revis	sion.
*Adjusted to reflect all prior r		11.6
**Change in Company's prer	nium level which will re	esult from application of new
rates.	0	
		vners Insurance Company
		Name of Company
	Ken Hoskir	ns- Administrator CP&L Actuarial
		Official – Title

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine	14,081	-22.0%
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
oes f No	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

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JUL 1 2 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Pennsylvania Manufacturers'
Association Insurance
Company

Name of Company

Sharon E. Ellison
Sr. Regulatory Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective			8-1-10				
	(1)	(2) Annual Premium	(3) Percent				
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>				
1.	Automobile Liability Private						
	Passenger Commercial						
2.	Automobile Physical Damage						
	Private Passenger Commercial						
3.	Liability Other Than Auto						
4.	Burglary and Theft						
5.	Glass						
6.	Fidelity						
7.	Surety						
8.	Boiler and Machinery						
9.	Fire						
10.	Extended Coverage						
11.	Inland Marine	1,646,184					
12	Homeowners						
13	Commercial Multi-Peril						
14.	. Crop Hail						
15	Other						
	Line of Insurance						
Do	es filing only apply to certain territory	(territories) or certain classes? If so, specify					
Bri	ef description of filing. (If filing follows	rates of an advisory organization, specify or	rganization): Following				
		,					
	3 1000 000.0						
*A	djusted to reflect all prior rate changes	3.					
**Change in Company's premium level which will result from application of new rates.							
Praetorian Insurance Company							
	Name of Company						
		<u>Virginia Putzu – Raf</u>	te/Form Implementation Team Lead				
			Official – Title				

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

SUMMART STILL

Change in Company's premium or rate I	evel produced by rate revision effective	8-1-10
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners 	62,247	-22.0%
	(territories) or certain classes? If so, specify:	
*Adjusted to reflect all prior rate change **Change in Company's premium level v	which will result from application of new rates QBE II	nsurance Corporation
		Name of Company
	<u>Virginia Putzu – Rat</u>	e/Form Implementation Team Lead Official – Title

SUMMARY SHEET

	Change in Company's premium or rate level produced by rate revision effective		08/01/2010				
	(1)	(2) Annual Premium	(3) Percent				
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>				
1.	Automobile Liability Private Passenger						
	Commercial						
2.	Automobile Physical Damage Private Passenger						
	Commercial						
3.	Liability Other Than Auto						
4.	Burglary and Theft						
5.	Glass						
6.	Fidelity						
7.	Surety						
8.	Boiler and Machinery						
9.	Fire						
10.	Extended Coverage						
11.	Inland Marine	\$9491	-22.0%				
12.	Homeowners						
13.	Commercial Multi-Peril	***************************************					
14.	Crop Hail						
15.	Other						
10.	Line of Insurance	1. M.					
	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:					
<u>N/A</u>							
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):							
Adoption of Illinois IM Advisory Prospective Loss Costs as contained in filing designation numbers							
CM-2010-RLA1 & CM-2009-RLC09							

* Adjusted to reflect all prior rate changes.

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Sompo Japan Insurance Company of America
Name of Company

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mary Lynn Teel, State Filings Analyst
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.